Foster Family Home - Corrective Action Report

Provider ID:

1-180074

Home Name:

Rosemarie Glo B. Dalisay,

Review ID:

1-180074-2

91-1194 Hanaloa Street

Reviewer:

Maribel Nakamine

Ewa Beach

HI 96706 Begin Date:

9/19/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/19/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/19/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current TB clearance for HHM#1- expired on 6/20/19.

Foster Family Home

Fire Safety

[11-800-46]

46.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- All caregivers did not lead a fire drill in 12 months.

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9/20/2019 12:07 PM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: ROSEMARIE GLOB. DALISAY
CCFFH Address: 91-1194 HANALOA ST. EWA BEACH, HI 96706

Rule			
Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(f)	Clearance from HHM#1	9/23/19	I will white in my Calendar the next time Idate that HHM#ITB will be
	I scheduled for all Cas in a days to conduct fire drill for the month.		Je made a month. Schedule in my Calendar for all Cas to conduct Monthly Fire Drills.

Primary Caregiver's Signature: Assertance Blo B. Dalisay

Print Name: ROSEMARIE GLO B. DALISHAte of Signature: 9/25/19